

AC 44(4)(3) SEAFORD ~~LEWES~~

HEALTH  
C-9 SEP 52  
C.R. 51

SEAFORD URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1951



Public Health Department,  
Lewes House,  
LEWES.

September, 1952.



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LEWES HOUSE,  
LEWES.

September, 1952.

To the Chairman and Members of the  
Seaford Urban District Public Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Health Report for the year 1951 on the state of public health and the sanitary circumstances of Seaford.

The year under review was a satisfactory one in many respects as regards the health of the community of the town.

The population as estimated by the Registrar-General for mid-1951 was given as 10,110. This is 320 less than the comparative figure for 1950. The excess of deaths over births for 1951 was 35. This appears to leave 285 persons who may have left the town. Some may have emigrated from Seaford, but there is also the possibility that there has been an adjustment of the Registrar-General's estimate when he dealt with the 1951 figure.

The crude birth rate for the year under review was 9.89. After applying the area comparability factor the birth rate has resulted in a higher rate - that of 12.66 per 1,000 population. Area comparability factors are applied to the annual crude birth rate and the annual crude death rate so that a fair comparison may be made between the local rates of different local authorities. If a population of an area is weighted with the older age groups the resultant comparable figure obtained will be higher than the crude rate in the case of birth-rate, and lower than the crude rate in the case of the death-rate.

The year 1951 has been the first year since 1944 in which the birth rate has not dropped below the corresponding rate for the previous year. There has been a progressive fall in the birth rate each year since 1944 in which latter year the birth rate was very high, namely 27.60 per 1,000 population.

The crude death rate for 1951 was 13.35 per 1,000 population. When the area comparability figure was applied this rate resulted in 10.68 per 1,000 population.

The average age at death for the year was 71 years.

The expectation of male life at birth was slightly under 50 years for the period 1901 to 1910; 50 years for the period from 1910 to 1912; 55 years during 1920 to 1922; 59 years for 1930-32 and 65 years for 1949. In the case of the expectation of female life at birth the figures are - 51 years for 1901-10; 56 years for 1910-12; 60 years for 1920-22; 62 years for 1930-32 and slightly over 70 years for 1949.

The greater bulk of the deaths in Seaford during 1951 was due to heart disease (40 deaths); vascular lesions of the nervous system (25 deaths) and cancer (23 deaths). These causes are usually associated with physiological degeneration which progressed with chronological ageing and mostly with them have marched gradual tissue dessication, progressive and insidious retardation of cell-division, cell growth and tissue repair; gradual retardation in

/the rate of





the rate of tissue oxidation; cellular atrophy, degeneration, increased cell pigmentation and fatty infiltration; gradual decrease in tissue elasticity and degenerative changes in elastic connective tissue; decreased speed, strength and endurance of skeletal neuromuscular reactions; decreased strength of skeletal muscle; progressive degeneration and atrophy of the nervous system; impaired vision, hearing, attention, memory and mental endurance. These changes are to be expected and represent the effect of normal "wear and tear" of a life-time. It is not suggested that each individual who reaches old age suffers from every disability or change given in the formidable list, but few escape a group of them - in fortunate cases a small group. It is just as well to recognise the changes due to "wear and tear" of a life-time. The majority of the middle aged and young populations will live to ripe old ages. The problem of the future will be to bolster the house of old age. Although there is and will be opportunities to do this there are limitations. The process of living brings obstructive inefficiencies and disintegrations which will not be denied. It lies in wise advice to persuade the avoidance or at least tempering the buffetings of the extraneous storm which includes infections, dietary errors, overwork, lack of repose and emotional crises in not a few lives.

As in former years there were no deaths of mothers in or in consequence of childbirth in 1951 in Seaford. The maternal mortality rate was therefore nil. In the not so distant past there was no surprise when a maternal death was or deaths were recorded, and indeed in some years the mortality rate was comparatively high.

The Infantile Mortality Rate for Seaford (i.e. the deaths of infants under one year per 1,000 live births) was 20 for the year under review. This compares favourably with the rate for England and Wales for the same year which was 29.6 per 1,000 live births. This rate is usually low in Seaford.

There were no deaths from notifiable infectious diseases. This is also a common feature year after year as far as your town is concerned. Diphtheria has, as you know, been virtually wiped out by immunisation.

Comparisons of the incidences of various infectious disease by perusing the table in the main body of this report show that those incidences were low as against the respective incidences for England and Wales for the same period.

The lack of housing accommodation has caused a good deal of work for your various Committees. On 1st January, 1951, there were 315 applicants on the Council's Housing Waiting List, not including 68 families in temporary accommodation as requisitioned premises or huts, or ten families in prefabricated bungalows. During the year 74 new applications were received. Eleven families on the waiting list were rehoused in 1951 in permanent or requisitioned premises. Six families were rehoused from derequisitioned properties. In eighteen cases there were transfers from one property to another. Thirty-two applicants were removed from the list having found accommodation themselves or removed from the district. The waiting list at the end of December, 1951, consisted of 346 applicants excluding 62 families in temporary accommodation and ten in prefabricated bungalows.

A satisfactory and satisfying state of public health of a community depends a great deal upon a satisfactory environment and upon many other factors. Frustration caused by the lack of proper housing has had the effect of upsetting the wellbeing of some individuals who have to wait for a house for a long period of time. The wellbeing of any individual depends upon mental health besides

/bodily health.





bodily health. Bodily health cannot be attained, or maintained, without mental health. Again, the wellbeing of an individual or a community is not altogether equal to the sum of satisfactory mental, physical and social conditions laid down in official and other documents. It is based rather on an emotionally founded appreciation of these favourable circumstances. Public Health should be concerned with the deprivational and the stress sources of morbidity. There is no doubt that the lack of a proper home of their own has engendered a sense of deprivation and has certainly caused stress in many who have to live in an uncongenial environment, some where the in-laws do not make life too comfortable. Two women sharing a kitchen has led to many squabbles. Inconsiderate, not to say unkind, landladies have caused many a married couple to be miserable, always apprehensive and to have not much pleasure in life. Engaged couples have postponed marriage seeing no hope of a house. Some engagements have been broken through this. There have been marriage break-ups where the original cause was the lack of proper housing accommodation. Emotional upsets do have an effect on the body in a greater or lesser degree. Actual and very obvious illness can be caused by worry and frustration.

Concerning other matters contained in the main body of this Report, the milk supply in Seaford was mostly provided in pasteurised form in 1951. This is a good thing since the milk is thus made safe and cannot convey the germs of diseases such as tuberculosis, undulant fever, etc., to the consumers. Of the twenty-nine icecream samples taken during the year 24 were Grade I, two Grade II, two Grade III and one Grade IV. The percentage of satisfactory samples rose from 33.3% in 1947 progressively increasing each year until 89.6% was reached in 1951. Much credit should be given to Mr. Smith, your Sanitary Inspector, whose efforts in inspecting ice-cream plants, taking samples at judicious times, and whose advice to manufacturers and retailers have done much towards such a high percentage of samples having been obtained in 1951.

It is pleasing to note that it was observed on frequent inspections during the year that in all premises where food was prepared and, or, offered for sale, due care was observed in the handling and preparation of foodstuffs. Food poisoning may have been fairly frequent in other areas, but there was no case notified in Seaford in 1951.

It was found on various inspections that the licenced caravan site at Hawth Hill was kept in a most satisfactory manner during the year. The camp was kept in a clean and sanitary condition and the terms of the licence were faithfully adhered to. Much credit must be given to the licencees who also supervise the camp and see that it is kept as it should be. The camp itself is deservedly popular and there has been an increasing number of applications for vacancies each successive year since it was opened.

Altogether Mr. Smith made 1,314 visits in Seaford during the year. No less than 787 were carried out concerning rodent control, 80 as regards drainage, 67 in connection with an ice-cream factory, 42 to shops and premises, 35 for food condemnation, 32 concerning petroleum and a host of other various inspections.

Cases of notified infectious diseases in 1951 in the town included measles (50); whooping cough (31); scarlet fever (5); erysipelas (5) and acute primary pneumonia (4). There were no deaths from any infectious disease. This has been almost

/invariably the





invariably the case year after year in recent years. The use of sulpha drugs and the new anti-biotics has been attended with successful progress and ending of the courses of the diseases. Improved hospital techniques have greatly aided hospital patients' quick and safe recoveries. As mentioned before diphtheria has been virtually wiped out by immunisation. No case of poliomyelitis was notified during the year. Only six cases have been notified in Seaford during the period 1945 to 1951. This is a very low incidence. This disease usually of the warm dry weather, is most baffling in many aspects. There is no convincing evidence that it is disseminated by public water supplies, and although the possibility cannot be dismissed, clear evidence is lacking that it can be spread by infected food or milk. Evidence points to personal contact as the most important mode in the spread of the disease. Amongst those infected there are comparatively very few personal tragedies, and although this may be small comfort to those who have been gravely crippled and to those who have lost a relative, it must be pointed out that the majority of cases recover without being left crippled. In some the crippling is slight or of a very moderate degree. The number of these is comparatively small compared with the total of those infected. Research as to the definite mode of transmission of the disease, its prevention and its cure has engaged and is still engaging the attention of many workers in many lands. It may be that a chance discovery will help to solve the problem, which is at present by no means easy.

Eleven new cases of pulmonary tuberculosis notified during the year, the same number as for 1950. The death rate in 1951 from the disease was 0.19 per 1,000 population which is less than two-thirds of that for England and Wales. One of the two persons who died was a man of 65 years who had been a transfer into the town from another district. The dry climate in Seaford is beneficial to sufferers from pulmonary tuberculosis and from time to time cases of the disease in other areas are advised by their medical attendants to make a stay in Seaford and benefit by the air. Other cases visit the town and make a stay on their own accord. It does appear that pulmonary tuberculosis is on the way out. New drugs, such as streptomycin, have been used with successful and convincing results in many cases within the last few years so that these remarkable substances have proved their worth over and over again. The immunisation of contacts of pulmonary tuberculosis by a substance conveniently shortened in description to B.C.G. may prove to be a potent weapon in preventing infection in contacts. All that can be said about it just now is that it is on trial. It is not generally realised by the public that it takes years sometimes to prove the worth of certain substances used by medical men in that most interesting occupation the search for the cure or the prevention of a disease. Of the two prevention is more important.

One new case of non-pulmonary tuberculosis was notified in Seaford in 1951. This gave a low incidence rate of 0.09 per 1,000 population. There is little doubt that the increased consumption of pasteurised milk is mainly responsible for the low incidence. Pasteurisation kills any germ of the disease which may be in the milk. It also kills the germs of other disease which may be carried in the same medium. Pasteurised milk is safe milk.

Non-pulmonary tuberculosis caused no less than 2,000 deaths annually, mostly in children, in England and Wales about fifteen to twenty years ago and at least 4,000 fresh cases of the infection developed each year from this cause. An immense amount of suffering,

/invalidity





invalidity and often permanent deformity is caused by this bovine infection in human beings. In the country as a whole, the number of deaths annually from the disease is now about half that of twenty years ago and the number of cases less than half. This has been due to the weeding out of cows suffering from tuberculosis and their destruction, to vaccination of calves with B.C.G. but mostly to that ace card - pasteurisation.

The year 1951 was a satisfactory one in the many aspects which are included in the total environment of the community and which must be paid regard to before a clear conception of what public health means is obtained.

As usual there were no maternal deaths in the town. The Infantile Mortality Rate was low. The average age at death in Seaford was above the present expectation of life at birth in the country as a whole. As is almost invariably the case year after year there were no deaths in 1951 from notifiable infectious diseases. Diphtheria has been conquered. The incidences of infectious disease in Seaford compare favourably with those of the whole of the country for the year under review. It is to be regretted that the shortage of materials does not allow the building of more houses both by municipal and private enterprise. Some families would be glad of even wooden buildings. There are far too many restrictions and obstructions entailed when an individual embarks upon obtaining a new house. Many elsewhere have given up hope, lapsed into apathy and surrendered their building licences in despair.

It is very pleasing to note the high percentage of satisfactory ice-cream samples obtained in Seaford in 1951. There is a connection between non-pulmonary tuberculosis and infected milk, and the low incidence of this type of tuberculosis in Seaford is chiefly due to the increased consumption of pasteurised milk. The death rate from pulmonary tuberculosis was two-thirds of that for the country as a whole. It has been noted in recent years that more and more visitors have come to Seaford. The bracing and health giving climate attracts many. Those contemplating residing in the town should be convinced of the healthiness of the place by the vital statistics, which are good indices to base judgment upon.

I have to thank members of your Committee for the help and encouragement they gave me during the year, and my best thanks are due to other officials of the Council for their help and courtesy at all times. Lastly I must state that I am indebted to the staff of the Public Health Department without whose help this Report could not have been compiled.

I am, Mr. Chairman, ladies and gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN,  
M.B., Ch.B., D.P.H., F.R.San.I.,  
F.R.I.P.H.

Medical Officer of Health





## SECTION I

### STATISTICS OF THE AREA - 1951

Area (in acres) .....	4,274
Population (estimated) .....	10,110
Rateable Value (1st April, 1951) ....	127,973
Sum represented by a penny rate ....	£514

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### EXTRACTS FROM VITAL STATISTICS

<u>LIVE BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 population</u>
Legitimate	45	49	94	
Illegitimate	3	3	6	

100 ..... 9.89

<u>DEATHS</u>	75	60	135	..... 13.35
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Rate per 1,000 Live and  
Still Births

Number of women dying in, or in consequence of, childbirth	-	0	0	..... 0.00
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Rate per 1,000 Live Births

<u>Infantile Mortality</u> (Deaths under 1 year of age)	1	1	2	..... 20.00
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### POPULATION

The Registrar-General's estimate of the population is 10,110. The population and vital indices of Seaford for the last 12 years are as follows:-

<u>Year</u>	<u>Population</u>	<u>Vital Index</u>	<u>Year</u>	<u>Population</u>	<u>Vital Index</u>
1940	8,133	72.13	1946	8,334	175.82
1941	4,989	80.89	1947	8,951	140.77
1942	5,055	62.26	1948	9,730	111.30
1943	4,822	97.84	1949	10,260	79.17
1944	5,231	117.74	1950	10,430	74.01
1945	6,450	137.50	1951	10,110	74.07

The estimated population figure of 10,110 recorded for mid-1951 shews a fall of 320 on the comparative figure for the previous year. As the actual excess of deaths over births during the year under review was only 35 it appears that the remaining fall of 285 must be accounted for by persons moving out of the area. It is, however, more than likely that the drop is the result of an adjustment in the Registrar-General's estimate rather than an actual decrease in population during the year under review.





The vital index shewn in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths and multiplying the result by a hundred. The figure thus obtained is a measure of the populations's biological condition and any such figure above a hundred shews that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shews that the reverse is the case and the condition of the population is not biologically sound.

For the third year in succession the vital index for Seaford has fallen below a hundred, that is, the number of Seaford inhabitants who have died has exceeded the number of births to Seaford mothers. No doubt this is in part due to the fact that many elderly persons who have retired from business make Seaford their home in view of its pleasant situation and healthful climate. Thus, the proportion of elderly persons in the district is higher than that in most areas and this, of course, has an effect both on the death rate and the birth rate, as it tends to make the former rather high and the latter, low.

Apart from the factor mentioned above there are probably a number of causes which lead to the excess of deaths over births, such as the uncertainty of the world political situation, the unwillingness of couples to bring children into a world threatened by the atom bomb, and the very unsatisfactory housing situation which exists not only in this district but throughout the country. Of all the possible causes, there is practically no doubt that the last cause mentioned, namely the small number of new houses being erected, is the most important. It affects young couples in two main ways. Firstly, it causes many of the more responsible and provident to postpone marriage until they are able to set up house in satisfactory circumstances. This may mean a delay of several years and is doubly important in that it not only has the probable ultimate effect of the couple concerned having a smaller family than would otherwise have been the case but causes the period of the woman's childbearing to be postponed beyond the years during which she is best suited for this task. Secondly, many couples who marry and live either with their parents or in cramped and unsuitable lodgings put off having children in the hope that conditions will improve. Apart from its effect on population figures, there is no doubt that a considerable proportion of the broken-up homes and dissolved marriages which are reported each year would have been avoided if the couples concerned had lived in more appropriate surroundings and had had the benefit of the stabilising influence of a family. The effects of enforced "family rationing" brought about by inadequate housing extend even further than appears at first sight for, in addition to the large number of childless couples, there is a very much larger number of couples who feel themselves forced to restrict their family to one child and it is very well known that an only child often suffers in character or even in health from being deprived of the close companionship of brothers and sisters as well as from the too anxious care usually devoted by a mother to her only child. For all these evils it would appear that there is only one really satisfactory remedy, that is, the provision of a sufficient number of new houses and reasonably commodious flats to ensure that no young couple need postpone either marriage or the raising of a family on the ground of the lack of suitable housing accommodation. It is pleasant to be able to record that the Seaford Urban District Council has exerted great efforts to build as many new houses as possible and, indeed, many have been erected and more are to be erected in the reasonably near future. Their efforts, however,

/have been





have been restricted, in common with those of all other housing authorities, by the control exercised by the central government over the issue of building licences and it can only be hoped that every effort will be made by the central government to relax or remove at the very earliest moment the present strict control of the building of houses. It appears certain that it will be then, and then only, when population trends will take a more favourable turn and the younger element in the population will receive a much needed augmentation.

BIRTH RATE

The birth rate for the year under review was 9.89 per 1,000 population. This is less than the birth rate for England and Wales for the same period, which was 15.50 per 1,000 population, but shews a welcome improvement on the rate for 1950, which was 9.01 per 1,000 population. The annual birth rates for Seaford from 1944 to 1951 inclusive were 27.60, 20.46, 19.19, 16.28, 14.08, 11.11, 9.01 and 9.89, thus 1951 is the first year since 1944 in which the birth rate has not shewn a decrease as compared with the rate registered for the preceding year.

An area comparability factor of 1.28 is applicable to the birth rate of 9.89. This factor is supplied by the Registrar-General in order that a fair comparison between the local rates of different districts may be obtained. In this case, its application gives an adjusted birth rate of 12.66.

DEATH RATE

The death rate for Seaford for the year 1951 was 13.35 per 1,000 population. The death rate for England and Wales for the same period was 12.5 per 1,000 population.

There is no doubt that the high death rate in the district is brought about by the fact that Seaford offers great attractions to invalids and elderly persons who have retired from business. The population is thus weighted by a group of which the death rate is likely to be higher than that usual for the population of the country as a whole.

An area comparability factor of 0.80 is applicable to the death rate of 13.35 per 1,000, and this gives an adjusted death rate of 10.68 per 1,000 population. As can be seen below the average age at death was, as usual, very high.

AGES AT DEATH

The highest age at death was ..... 99 years  
The lowest age at death was ..... 9 days  
The average age at death was ..... 71 years

CAUSES OF DEATH

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Heart Diseases	22	18	40
Vascular Lesions of Nervous System	15	10	25
Cancer	11	12	23
Pneumonia	1	6	7
	49	46	95





### CAUSES OF DEATH (Continued)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Totals carried forward	49	46	95
Bronchitis	-	4	4
Circulatory Disease other than mentioned above	1	2	3
Nephritis and Nephrosis	2	1	3
Suicide	3	-	3
Accidents other than motor vehicle accidents	2	1	3
Gastritis, enteritis and diarrhoea	1	1	2
Congenital Malformations	2	-	2
Tuberculosis, respiratory	1	-	1
Syphilitic Disease	1	-	1
Disease of the Respiratory System other than those mentioned above	1	-	1
Ulcer of the stomach and duodenum	1	-	1
Hyperplasia of Prostate	1	-	1
Other Defined and Ill-defined diseases	10	5	15
	<hr/> 75	<hr/> 60	<hr/> 135 <hr/>

### SPECIFIC CAUSES OF DEATH

#### Heart Disease and Diseases of the Circulatory System

Heart disease, as usual, heads the list of causes of death in the Seaford Urban District. This is only to be expected as the forms of heart disease and diseases of the circulatory system which develop during the latter part of the human life span can often best be described as being due to the gradual wearing out of the heart itself. For such forms as these there is naturally no cure. Much rest and temperance in all things will act as palliatives, but eventually the heart will become too worn out to continue its work of circulating the blood through the veins and arteries of the body and death will then ensue. It can be rightly said that the percentage of the annual total number of deaths which is made up of deaths due to these forms of heart disease is increasing because recently in this and in other countries with high standards of medicine and hygiene many of the population have been living sufficiently long for their hearts to become worn out.

It may be wondered why the increase in the number of deaths annually arising from the types of heart disease mentioned above has not been more obviously reflected in the vital statistics compiled in respect of recent years. This is due to the fact that the increase is masked by a decrease in the number of deaths annually caused by those forms of heart disease which present a possibility of cure. Each year, many such cases which but a few years ago would have proved fatal are now cured. This improvement has been brought about by all round advances in the field of medical knowledge.

#### Vascular Lesions of Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. Twenty-five of the deaths which occurred in the Seaford Urban District during 1951 were classified under this general heading.

/Of these, fifteen





Of these, fifteen were males and ten females. Most deaths of this nature take place among elderly persons, as with increased age blood vessels degenerate and are more likely to break or become blocked. It is possible that the increasingly rapid tempo of modern life is resulting in a greater incidence of this form of disease than in the past, although the greater moderation in eating and drinking now observed by the average person in comparison with past standards possibly has a beneficial effect which offsets the unfavourable results of high speed living.

### Cancer

Twenty-three persons died of cancer in the Seaford Urban District during 1951. Of these deaths, eleven were of men and twelve of women. For many years cancer has been the subject of exhaustive research and although progress has undoubtedly been slow very definite gains have been made. The belief held by many people that cancer is incurable is quite unjustified. In fact, many cases can be, and are, cured by the removal of the malignant tumour. The chances of successful cure in these cases are governed by two main factors, namely, the site of the tumour and the stage it has reached. Luckily, one of the more common forms of cancer, that of cancer of the breast in women, is one of the most easily dealt with, if the cancer is discovered and dealt with at an early stage. Other forms of cancer, such as that of the lip or skin, are cured in nine out of ten cases, mainly, no doubt, because they are quickly noted and are consequently treated at an early stage in their growth. It cannot be too greatly stressed that early treatment of any form of cancer gives the greatest chance of cure and no opportunity should be missed to impress on people that if they have any reasonable grounds to suspect that they are suffering from cancer, an immediate visit to their doctor offers them the best chance of recovery if, indeed, they have such a growth.



# VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1951. Provisional figures based on Quarterly Returns

	England and Wales	126 County Boroughs and Great Towns including London	148 Smaller Towns (Resident Population 25,000 - 50,000 at 1931 census)	London Administrative County	Seaford 1951 Population 10,110
Rates per 1,000 Home Population					
Births: Live	15.5	17.3	16.7	17.8	9.89
Still	0.36	0.45	0.38	0.37	0.29
Deaths: All Causes	12.5	13.4	12.5	13.1	13.35
Typhoid and paratyphoid	0.00	0.00	0.00	-	0.00
Whooping cough	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.31	0.37	0.31	0.38	0.09
Influenza	0.38	0.36	0.38	0.23	0.00
Smallpox	0.00	0.00	0.00	-	0.00
Acute poliomyelitis (including polioencephalitis)	0.00	0.01	0.01	0.00	0.00
Pneumonia	0.61	0.65	0.63	0.61	0.69
Notifications (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever	0.02	0.03	0.02	0.01	0.00
Meningococcal infection	0.03	0.04	0.03	0.03	0.00
Scarlet fever	1.11	1.20	1.20	1.10	0.49
Whooping cough	3.87	3.62	4.00	3.11	3.07
Diphtheria	0.02	0.02	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.15	0.49
Smallpox	0.00	0.00	0.00	-	0.00
Measles	14.07	13.93	14.82	14.64	4.95
Pneumonia	0.99	1.04	0.96	0.72	0.39
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.03	0.03	0.03	0.02	0.00
Non-paralytic	0.02	0.02	0.03	0.02	0.00
Food Poisoning	0.13	0.15	0.08	0.23	0.00
Deaths Rates per 1,000 Live Births					
All causes under 1 year of age	29.6 (a)	33.9	27.6	26.4	20.00
Enteritis and diarrhoea under 2 years of age	1.4	1.6	1.0	0.7	0.00
Notifications (Corrected) Rates per 1,000 Total (Live and Still) Births					
Puerperal fever and pyrexia	10.66	13.77	8.08	14.90	0.00
Maternal Mortality in England and Wales					
Intermediate List No. and Cause	Number of Deaths	Rates over 1,000 Total (live and Still) Births	Rates per million women aged 15 - 44	SEA-FORD 1951	
All 15 Sepsis of pregnancy, childbirth and the puerperium	70	0.10	)		
(Abortion with toxæmia	3	0.00	0	)	
All 16 Other toxæmias of pregnancy (and the puerperium	167	0.24	)		
All 17 Haemorrhage of pregnancy and childbirth	91	0.13	)		
All 18 Abortion without mention of sepsis or toxæmia	37	0.05	4	) 0.00	
All 19 Abortion with sepsis	66	0.09	7	)	
All 20 Other complications of pregnancy, childbirth and the puerperium	125	0.18	)		

(a) Per 1,000 related live births





## SECTION II

### GENERAL PROVISION OF HEALTH SERVICES IN IN THE AREA

#### Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

One Sanitary Inspector carries out his particular duties in the Urban District of Seaford.

#### Laboratory Facilities

The Public Health Laboratory established at the Royal Sussex County Hospital, Brighton, has rendered valuable service during the year.

The Laboratory has carried out for the Urban District, free of charge, the examination of nose, throat, laryngeal and tonsil swabs and specimens of blood, faeces and urine. Bacteriological reports have also been submitted on samples of milk and ice-cream. Altogether the Laboratory carried out 65 different examinations for the Urban District during the year under review. This service is of great assistance to your Medical Officer of Health and to the medical practitioners practising in the town, both by assisting them to arrive at correct diagnoses earlier than would otherwise be the case and by confirming diagnoses already tentatively arrived at. In the frequent examination of samples of milk and ice-cream and, indeed, of any food samples, the Public Health Laboratory is greatly assisting the Public Health Department in its efforts to improve the standards of cleanliness and purity of all foods offered for sale in the area.

#### Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses one ambulance in the town, and, by arrangement with the Urban District Council, office accommodation is provided in the Municipal Buildings for the staff of two drivers. During 1951 these vehicles were available for the conveyance of both infectious and non-infectious cases and arrangements are in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. If a further call is received while both ambulances are out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

The East Sussex County Council provides facilities for the transport of tuberculous patients.

#### Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Federation through the Seaford and District Nursing Association.

#### Clinics and Treatment Centres

Treatment centres have been provided as previously and an immunisation clinic has been held on the first Thursday of each month at the Nurses' Home, 15 Sutton Road. This has proved very

/successful





successful and was well attended. The County Council is responsible for these arrangements.

### Hospitals

The hospital accommodation provided by the Ministry of Health under the provisions of the National Health Service Act has remained materially the same as in previous years.

### Provision for the Care of Mental Defectives

The East Sussex County Council administers the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.



### SECTION III

#### SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

##### 1. Rehousing

As at 1st January, 1951, the Housing Waiting List consisted of 315 applicants. This does not include 68 families in temporary accommodation such as requisitioned premises and huts or 10 families in pre-fabricated bungalows.

During the year 74 new applications were received.

The number of families from the waiting list rehoused in either permanent or requisitioned premises was 11.

The Council, having considered that the time had arrived when there should be a gradual reduction in the number of requisitioned premises, derequisitioned three properties during the year, thus necessitating the rehousing of six families in permanent or other requisitioned premises.

In addition to the movement of families as indicated above, transfers from one property to another have, for various reasons, been carried out in 18 other cases.

Thirty-two applicants have been removed from the list as they have found themselves accommodation or have removed from the district. At the 31st December, 1951, the waiting list consisted of 346 applicants, which did not include the 62 families in temporary accommodation or the ten families in pre-fabricated bungalows.

The department's work in connection with rehousing includes the receiving of applications, pointing up under the Council's scheme and the continuous revision involved; preparation of lists of applications for the attention of the Housing Selection Sub-Committee, and the keeping of all records.

This involved 539 interviews, 888 letters and 29 inspections.

More interviews were granted and letters written than in any previous year, largely due to the very little accommodation that the Council have had available during the period under review.

##### 2. Rodent Control

Survey and action, as necessary in connection with rodent control, have been continued during the year, and for this purpose a part-time Rodent Operator was employed four hours a day for six days a week under the supervision of the Sanitary Inspector.

As in previous years, free service to private dwelling houses has been in operation and again proved successful. Generally, the co-operation of occupiers has been a great factor in achieving results.

Seven hundred and eight-seven visits have been made and ninety-three premises were found to be infested. The estimated kill was 476 rats and 65 mice.

From time to time the Council's sewers have been inspected at various points and no evidence of rats has been found.

The Council's house refuse dumps have been examined periodically and action taken when found to be necessary.

/3. Petroleum





### 3. Petroleum

Fifteen licences were issued for the storage of petroleum for the year and one for the storage of cellulose. This includes one new petroleum installation during the year.

Thirty-two inspections were made in this connection.

### 4. Milk

At the 1st January, 1951, there were six purveyors of milk in the Urban District, but during the year one discontinued. This was the only trader selling ungraded milk.

The following licences for the sale of graded milks were issued:-

- 4 Pasteurised (sale only),
- 5 Tuberculin Tested
- 1 Accredited.

All premises were kept in a clean condition and were line-washed or cleansed as necessary.

Four milk samples were obtained and submitted for biological examination and all found to be negative.

### 5. Fried Fish Shops

Of the four fried fish and chip shops at the commencement of the year, one closed down and one other concentrated on the fresh fish trade and ceased to fry.

From time to time these premises were inspected and found to be kept in a satisfactory condition.

### 6. Bakehouses

The two bakehouses have been inspected periodically and were at all times found to be kept in a clean condition. The necessary linewashing or cleansing was carried out at the required times.

### 7. Ice-Cream

Ice-cream was manufactured in three establishments only, two of which were using cold mix.

Five premises were registered during the year for the sale and storage of ice-cream, making a total of thirty-six.

Twenty-nine ice-cream samples were obtained and submitted for bacteriological examination with the following results:-

- 24 Grade I
- 2 Grade II
- 2 Grade III
- 1 Grade IV

This indicates that in accordance with the official tests, 26 samples were satisfactory.

The improvement in this commodity is most marked when the results of the past five years are considered. The percentages of satisfactory samples are as follows:-

/1947





7. Ice-Cream (Continued)

1947	.....	33.3%
1948	.....	62.3%
1949	.....	70.2%
1950	.....	66.6%
1951	.....	89.6%

8. Food Premises and Food

All premises where food is prepared and/or offered for sale have been frequently inspected during the period under review and in all cases due care was being observed in the handling and preparation of foodstuffs.

Although no organised campaign was undertaken, advantage was taken of opportunities to suggest improvements and the reasons for such suggestions were given.

The Council adopted Bye-Laws under Section 15 of the Food and Drugs Act, 1938, relating to the sanitary and clean conditions and practices in connection with handling, wrapping and delivery of food and sale of food in the open air. These bye-laws came into operation on the 12th February, 1951.

The following foodstuffs were found to be unfit for human consumption and were in all cases voluntarily surrendered:-

Defective and Blown Tins:

3 tins - 12 lbs. Danish Luncheon Meat  
3 tins - 2 lbs. 8 ozs. Danish Pork Brawn  
15 tins - 12 lbs. 3 ozs. Pork Luncheon Meat  
1 tin - 12 ozs. Ham Loaf  
4 tins - 24 lbs. Jellied Veal  
14 tins - 53 lbs. 4 ozs. Luncheon Meat  
24 tins - 263 lbs. 10 ozs. Ham  
2 tins - 12 lbs. cherries

Mould and out of Condition:

32 lbs - cheese  
4 boxes - 44 lbs. Chocolate cream filled biscuits  
2 dozen -  $\frac{1}{2}$  lb. packets Crispbread

Decomposition

30 lbs. Prunes  
21 lbs. 12 ozs. Cooked Garmon  
2 stone Herrings  
20 lbs. Lobsters  
1 Bag Shrimps  
144 Fish Cakes

Musty

14 lbs. Frozen Eggs

9. Caravans

One application for permission to erect a caravan was granted under Section 269 of the Public Health Act, 1936, but was refused under Town Planning.

/The owner of



9. Caravans (Continued)

The owner of a caravan site which had been licenced under Section 269 of the Public Health Act, whose application was not granted under Town Planning, appealed against this decision. The result of the Inquiry was that the Minister upheld the decision of the Town Planning Authority.

The licenced caravan site at Hawth Hill has again proved very popular during the season and was run in a very satisfactory manner. The site was visited frequently and it was at all times found that the terms of the licence were being adhered to and that the site was in a clean condition.

10. Inspections

	<u>Primary</u> <u>Inspections</u>	<u>Re-</u> <u>Inspections</u>	<u>Total</u> <u>Visits</u>
Housing .....	19	8	27
Dairies .....	5	5	10
Food Shops and Premises .....	42	-	42
Restaurants .....	10	-	10
Food Condemnation .....	35	-	35
Drainage - Nuisances .....	8	2	10
Drainage - Test on Request .....	-	-	-
Drainage - New Buildings, etc ....	25	55	80
Disinfections on Request .....	5	5	10
Disinfections - Infectious Disease	7	7	14
Inspections - Infectious Disease..	9	-	9
Inspections - Miscellaneous * ....	40	-	40
Piggeries .....	-	-	-
Dumps .....	4	4	8
Rodent Control .....	415	372	787
Bakehouses .....	2	5	7
Petroleum .....	16	16	32
Dustbins .....	1	1	2
Factory Inspections .....	30	3	33
Fried Fish Shops .....	4	2	6
Public Conveniences .....	16	16	32
Rehousing Inspections .....	29	-	29
Caravan Site .....	1	15	16
Caravans and Camps .....	7	-	7
Water Closets .....	1	-	1
Ice-Cream Factory .....	1	66	67
	732	582	1,314

\* Included in the Miscellaneous Inspections are inspections of private premises in connection with applications for catering licences, complaints and inspections in connection with smoke nuisances, flies, smells and the keeping of chickens and rabbits, etc.

11. Number of Notices Served and Complied With

To secure the abatement of nuisances and housing defects the following action was taken:-

Number of Informal Notices served	13
Number of Informal Notices complied with (including one outstanding in 1950)	14
Number of Statutory Notices served	1
Number of Statutory Notices complied with (including five outstanding in 1950 and one undertaking accepted in 1951)	6





12. General

General letters, reports, returns, memoranda etc. 276

Conferences with Chairman of Committees and  
Officers of the Council as necessary from  
time to time. 141

Meetings attended 49





## SECTION IV

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

#### Infectious Diseases

In all, 95 cases of infectious disease were notified in Seaford in 1951. The details are as follows:-

Disease	Cases Notified	Cases Admitted to Hospital	Deaths
Measles	50	-	-
Whooping Cough	31	-	-
Scarlet Fever	5	-	-
Erysipelas	5	-	-
Acute Primary Pneumonia	4	-	-
	95	-	-

#### Measles

Fifty cases of measles were notified in Seaford during 1951. All the cases were of a mild nature and made complete and uneventful recoveries.

Measles is an acute fever of which the usual symptoms are a blotchy skin eruption and a catarrh of the respiratory passages. The illness is one of the most easily transmitted of the communicable diseases and occurs most commonly in children between five and fourteen years of age. Although permanent acquired immunity is usual after the first attack, second attacks are not unknown. Rigid isolation in the home is of little value in reducing the attack rate as the patient will have infected his fellows before the case is diagnosed. The chief danger arising from measles is not in the disease itself, but in the pneumonia which may follow.

There is no fully proved method of active immunisation against the disease, although passive immunisation of cases exposed to measles by the use of human serum may achieve a modification of the disease. This, however, lasts only two or three weeks and the child is then as susceptible as before.

Seaford may be counted lucky in having had a comparatively small number of cases of measles for two years in succession, as in 1950 only thirty-three cases were notified and the total of fifty cases recorded in 1951 is very little higher. Usually the incidence of measles in an area varies from a high rate to a low rate in alternate years, although this periodicity is not absolutely regular. As 1950 was a year of very low incidence in the area, a total of two hundred or more cases in 1951 would have been by no means excessively high and it is pleasant to record the small number of cases which were in fact notified.

#### Whooping Cough

Thirty-one cases of whooping cough were notified in Seaford during 1951, none of which were of sufficient severity to merit admission to hospital. There were no deaths from whooping cough

/in the





in the district during the period under review. Now that immunisation has so very materially reduced the annual number of cases and deaths due to diphtheria, whooping cough has been found to be the most dangerous common infectious disease in childhood. It not only causes the child considerable discomfort but is very disturbing to the rest of the family and often leads to complications such as bronchitis and fibrosis of the lung. Pneumonia is the chief danger but fortunately we possess sulpha drugs and antibiotics which rapidly effect a cure. For a number of years past trials have been conducted with a view to ascertaining the best possible vaccine against whooping cough, and a vaccine has been found of sufficient value to justify its use on children of suitable age. The inoculation is practically unfelt by the child and the procedure is safe and it is to be hoped that within the next few years the incidence of whooping cough will be as dramatically reduced as has been that of diphtheria.

### Scarlet Fever

Five cases of scarlet fever were notified in the Urban District during 1951, none of which were of sufficient severity to merit admission to hospital. The number of scarlet fever cases being notified has not altered greatly from the rates usual before the last war, but the disease has decreased very greatly in severity and the type of septic scarlet fever, where patients were extremely ill for several weeks, often suffered from serious complications and after-effects, and sometimes died, is now rarely seen. This change in the character of the disease should not be permitted to lead to the development of a complacent attitude of mind, as even the mild type of scarlet fever now met with can result in harmful after-effects. Further, there can be no assurance that the disease will not return in its full severity at any time and, indeed, cases of the more severe type occasionally occur even at the present time.

### Erysipelas

Five cases of erysipelas occurred in the Seaford Urban District during the year under review, none of which were sufficiently severe to require admission to hospital.

Until comparatively recent times erysipelas has been a dangerous illness which has often proved fatal, in the elderly mostly, but several of the newly-discovered sulphonamide drugs, and an antibiotic - chloromycetin - have proved so effective in the treatment of the disease that fatal attacks are now rare.

### Pneumonia

Four cases of acute primary pneumonia were notified during the year under review, none of which were sufficiently serious to merit admission to hospital. All cases made satisfactory recoveries.

### General

The total of ninety-five cases of infectious disease notified in the Urban District during 1951 is not a high one and gives an incidence rate of 9.39 per 1,000 population. Fifty of the ninety-five cases were of measles and of the forty-five cases remaining to be accounted for, thirty-one were of whooping cough. Thus, apart from measles and whooping cough, only fourteen cases of infectious disease were notified in Seaford during 1951. This is a very low total and serves as an indication of the high standard of public health in the Urban District. No case of diphtheria

/occurred in





occurred in the district during the period under review, but it is to be hoped that this satisfactory state of affairs will not lead to any reduction on the part of those concerned in their efforts to bring about the immunisation against diphtheria of all children of the appropriate ages, as this would almost certainly lead to the disease re-establishing its hold on the community. It is also a matter for congratulation that no case of poliomyelitis was notified in the Urban District during the year under review. During the seven years 1945 to 1951 inclusive, only six cases of poliomyelitis have occurred in Seaford, which constitutes a very low average incidence of the disease. In no one year during that period were more than two cases recorded in the District.





# SECTION V

## TUBERCULOSIS

In 1951, Seaford had eleven new cases of pulmonary tuberculosis and one new non-pulmonary case. There were two deaths from pulmonary tuberculosis and none from non-pulmonary tuberculosis. Details are given in the following table:-

AGE PERIODS	1951 NEW CASES AND MORTALITY							
	NEW CASES				DEATHS			
	Pulmonary M	Non- Pulmonary F	Pulmonary M	Non- Pulmonary F	Pulmonary M	Non- Pulmonary F	Pulmonary M	Non- Pulmonary F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	2	-	-	-	-	-	-
25	3	3	-	-	-	-	-	-
35	-	-	-	-	1	-	-	-
45	-	2	-	-	-	-	-	-
55	-	-	-	1	-	-	-	-
65 and upwards	1	-	-	-	1	-	-	-
TOTAL	4	7	-	1	2	-	-	-

The notification of eleven new cases of Pulmonary Tuberculosis in 1951 shews the same number of notifications as in 1950. Of the eleven notified, one female aged 25 years left the district after notification and of the tuberculosis cases on the Register at the beginning of the year two females aged 42 and three males aged 25, 30 and 50 have left the district.

Of the two persons who died from pulmonary tuberculosis during the year one man over 65 years of age had been a transfer into the district.

The incidence per 1,000 population of the eleven new cases of Seaford residents notified in 1951 is 1.09, which is not a high rate.

No deaths of non-pulmonary tuberculosis occurred in Seaford during 1951 and only one new case was notified. This gives the very low incidence rate of 0.09 per 1,000 population and there is no doubt that this is due to improvement in the purity of the milk supply which has been effected of recent years by the pasteurisation of milk and the gradual elimination of tuberculous cattle.



The two deaths from pulmonary tuberculosis which took place in Seaford during 1951 gave a tuberculosis death rate of 0.19 per 1,000, which is less than two-thirds of that for England and Wales.

One of the first major advances in the campaign to control tuberculosis was made when it was realised that some forms of tuberculosis are conveyed from infected cattle to human beings by means of milk. Since this important discovery was made, great strides have been made in increasing the purity of the milk supply. Everything possible is done to keep herds free from tuberculosis and, in addition, methods of heat treatment have been evolved that destroy the tuberculosis bacilli in milk without detracting from its value as food.

So far as the treatment of detected cases is concerned, a recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid, customarily contracted to P.A.S., in conjunction with streptomycin. For some time the benefits to be obtained by the use of streptomycin had been limited by the disadvantage that streptomycin-resistant strains of tubercle bacilli had emerged after five or six weeks of treatment, but now, after extensive trials, it would seem that the combination of P.A.S. with streptomycin considerably reduces the risk of resistant strains developing at an early stage of treatment.

In the past, one of the difficulties experienced in combating tuberculosis has been the manner in which it has spread. Continued close contact with a sufferer over a period of weeks or months may lead to a previously uninfected person developing the disease. This, of course, has meant that the illness may be passed from one member of a family to another, particularly where living accommodation is overcrowded or badly ventilated. So far as this risk is concerned, hope for the future is held out in the development of an immunising material known as B.C.G. vaccine. Cases selected for this form of protection are usually children or nurses particularly exposed to tuberculous infection. Extensive trials with the vaccine have shown its value in preventing the infection in those exposed to risk.





# CLIMATE

The following meteorological statistics were recorded at Seaford during the year 1951:-

<u>Month</u>	<u>Temperature</u>			<u>Rainfall</u>		<u>Sunshine</u>		
	<u>Mean</u> <u>°</u>	<u>Max.</u> <u>°</u>	<u>Min.</u> <u>°</u>	<u>Total</u> <u>Ins.</u>	<u>Heaviest</u> <u>Inches</u>	<u>Average</u> <u>Hours</u>	<u>Total</u> <u>Hours</u>	<u>Sun</u> <u>less</u> <u>Days</u>
January	41.2	49	20	3.92	.82	2.2	68.5	13
February	40.8	49	29	6.3	.68	2.9	80.9	12
March	41.6	51	28	4.0	.84	3.82	118.5	11
April	45.7	71	30	1.31	.22	6.7	201.5	5
May	51.9	67	39	2.17	.69	6.78	210.1	5
June	57.2	74	44	1.22	.86	9.56	286.7	1
July	61.3	76	46	1.65	.62	7.65	235.5	4
August	60.3	70	46	5.44	1.18	6.1	189.3	4
September	59.7	75	44	4.19	2.38	4.7	141.0	7
October	51.7	65	33	3.08	1.15	4.81	149.1	5
November	49.6	60	29	4.75	.64	2.46	73.7	11
December	44.7	56	24	2.7	.41	1.76	54.6	17
Average monthly	50.5	Annual Total		40.73	Average Monthly	4.95	Annual Total	1,809.4 95

The climate at Seaford makes the town attractive to holiday makers and to those who desire to settle in this seaside resort.

Seaford is placed on the sunny south coast. The greater part of the district lies between sea level and 100 feet above although some of the outlying parts rise above this height. Fringing part of the shore the ground is more or less flat allowing pleasant walks for invalids and convalescents. In the summer months the temperature in this part is usually much higher than that in the more hilly parts. The downs which enclose the town on its north-east aspect make good walking country and the air there is usually bracing. To those who love the horse and to exercise him and thus benefit themselves the downs are ideal.

The sun shines on this fortunate town on an average about 265 days out of the 365 days in the year. Sunless days are few. The total annual hours of sunshine usually reaches a high figure and for some years the annual average has been 1735 hours. In some years the total hours of sunshine has been the highest recorded in the British Isles.

The rainfall is light and even in the very few days in the year when a heavy rainfall is experienced, the nature of the soil, which contains chalk and flint, allows quick drainage. There is thus little humidity which helps to make the climate quite bracing even after heavy showers, which happen infrequently.

/The town is





The town is sheltered from north-easterly winds by the protection given by the downs and on the south-east by Seaford Head.

Variations in the atmosphere are stimulating and a laxity in the more or less robust is developed where there is quiescence. The difference in the atmosphere near the seashore and that on the downs provides that change essential for stimulation. In some of the few winter months south-west gales are experienced on some days. These gales, usually moderate, are bracing in themselves. A relaxing climate weakens resistance against infection since then the thyroid and adrenal glands are not stimulated. The climate at Seaford is anything but relaxing and this makes the resort the most bracing on the south coast and reproduces the climatic advantages of a pleasant sea voyage with moderate temperature and mean humidity. The sea breeze in the day and the land breeze at night make Seaford attractive.

Above all the influence of the sun upon health and spirits is the chief feature. The stimulating effect of the sun's rays is added to by aesthetic contributions - brightness of colour, light and shade, which appeal to the majority. Also the ultra-violet rays have germicidal power besides qualities which stimulate the endocrine system which influences metabolic processes and thus gives that sense of well-being.

No form of industry exists in the Seaford area which generates smoke or noxious gases. The air is pure and free from solid particles and noxious gases.

Residents of Seaford are remarkable for their longevity. This is not to be wondered at since they live in an exceptionally healthy climate and this, apart from other considerations, is certainly a deciding factor.

In these days of rapid transport and when the range of travel has been extended, Seaford is an attractive sea-side resort to visitors from other parts of the country. The number of visitors has increased within recent years. Retired people who come to live in the town usually add to their span of life by so doing. Business men and others who reside in the town, but whose work lies in London or in other large centres, soon realise that the time taken in travelling is more than compensated for by their improved health gained by living in Seaford.

